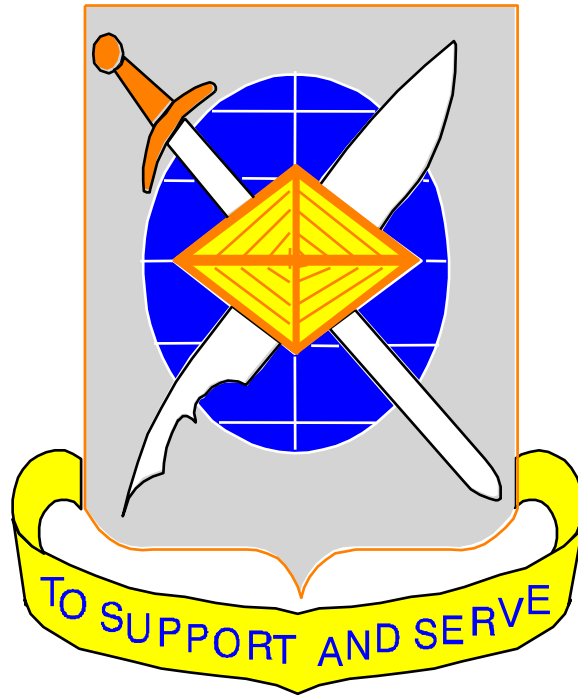


UNITED STATES ARMY FINANCE SCHOOL



U.S ARMY SOLDIER SUPPORT INSTITUTE

DOCUMENT TRAINING AID

Documents Associated with Pay and Allowances

Pages	1-2	Orders for Special Duty Assignment Pay
Page	3	Revocation Orders for SDAP
Pages	4	Orders for PCS HDP-L
Page	5	DD1351-2 HDP-L
Page	6	Deployment Orders
Pages	7-10	Orders/certificates for Flight Pay
Pages	11-12	Orders for Parachute Duty Assignment Pay
Pages	13-14	Orders for Demolition Duty Assignment Pay
Page	15	DA Form 4187 (personnel Action) Authorization for Separate Rations.
Pages	16-17	DA Form 1475 (Basic allowance for Subsistence Certificate)
Pages	18	DA Form 5960 (Authorization to start, Stop or Change Basic Allowance for Quarters & VHA)
Page	19	Marriage Certificate
Page	20	Assignment to Family Housing
Page	21	Termination of Family Housing
Page	22	DD Form 1561 (Statement to Substantiate Payment of Family Separation Allowance)

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 06-121

10 JUNE 20**

**BROWN, CHRISTOPHER E. 999-33-8923, SPC, 23RD MED SPT BN
FORT STEWART, GA 31314**

**SPECIAL DUTY ASSIGNMENT designator is awarded or
terminated as indicated terminate hazardous duty as indicated.**

ACTION: Award SD1

AUTHORITY: AR 600-200

EFFECTIVE DATE: 1 JUNE 20**

Drill Sergeant Pay

**ADDITIONAL Instruction: This order terminates any other Special
duty assignment designator that the member may have been
awarded.**

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

/S/

**CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 08-121

09 AUGUST 20**

**BROWN, CHRISTOPHER E. 999-33-8923, SPC, 23RD MED SPT BN
FORT STEWART, GA 31314**

**SPECIAL DUTY ASSIGNMENT designator is awarded or
terminated as indicated terminate hazardous duty as indicated**

**ACTION: TERMINATE SD1
AUTHORITY: AR 600-200
EFFECTIVE DATE: 10 JUNE 20****

Drill Sergeant Pay

**ADDITIONAL Instruction: This order terminates any other Special
duty assignment designator that the member may have been
awarded.**

**DISTRIBUTION:
(1)-COMMANDER
(5)-PSNCO
(10)-SOLDIER**

/S/

**CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 08-129

12 AUGUST 20**

Following orders are change as indicated.

ACTION: REVOCATION

**So much of: Para 1, ORDER 08-121, Headquarters, 23rd
Armored Division and Fort Stewart, GA dtd
09 August 20**.**

**Pertaining to: BROWN, CHRISTOPHER E. 999-33-8923, SPC,
23rd Med Spt Bn, FORT STEWART, GA 31314.**

**As reads: Terminate Drill Sergeants Pay (SD1)
How Changed: REVOCATION
AUTHORITY: DODFMR**

DISTRIBUTION:

**(1)-COMMANDER
(5)-PSNCO
(10)-SOLDIER**

/S/

**CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**Department of the Army
50th Mechanized Infantry Division
Fort Stewart, Georgia 31314**

Order # 67-32

1 June 20**

**SNORK, JEFF SFC
HHC 1/50 INF**

**111-10-4782
Fort Stewart, Georgia 31314**

YOU WILL PROCEED ON PERMANENT CHANGE OF STATION AS SHOWN. YOU
WILL REPORT ON OR ABOUT 20 November 200**

ASSIGNED TO: UNITED STATES ARMY REPLACEMENT DETACHMENT (W1RB11)
Yungson Korea 90001

ADDITIONAL INSTRUCTIONS:

- (A) OFFICIAL TRAVEL ARRANGMENTS PURCHASED THROUGH A
COMMERCIAL TRAVEL OFFICE NOT UNDER CONTRACT TO THE
GOVERNMENT WILL NOT BE REIMBURSABLE.
- (B) YOU ARE AUTHORIZED SHIPMENT OF HOUSE HOLD GOODS AT
GOVERNMENT EXPENSE. NOT TO EXCEED AUTHORIZED WEIGHT
ALLOWANCE.
- (C) DEPENDANTS: (NO)
- (D) YOU WILL SUBMIT A TRAVEL VOUCHER FOR THIS TRAVEL TO THE
CUSTODIAN OF YOUR FINANCE RECORDS WITHIN 5 DAYS AFTER
COMPLETION OF TRAVEL.

FOR ARMY USE:

AUTH: EDAS CY DTD 20120**

MDC: 4AE3

ENL/REENLB INDIC: NA

FOR THE COMMANDER:

PERS CON NO: 6HXA000

ASGD TO MGT DSG:

CON SPECIALTY: NONE

DISTRIBUTION:

SFC SNORK (20)

PSB: EIB (1) PAB (1)

FOA (1)

John J. Smith

JOHN J SMITH

LTC, GS

ACoFS, G1/AG

DEPARTMENT OF THE ARMY

HEADQUARTERS, 23RD ARMORED DIVISION

FORT STEWART, GEORGIA 31314

ORDERS 05-017

15 SEP 20**

SNORK JEFF T. 111-10-4782, SFC, 23RD MAIN

SPT BN

FORT STEWART, GA 31314

DEPLOYMENT ASSIGNMENT: You will proceed on or about 20 NOV 20 to the designated**

Location indicted below. For a period of not less than 365 days.

All travel will be by government transportation. Commercial travel is not authorized.

You will report to the Theater Finance Office upon arrival to start your entitlements.

You will complete a travel voucher within five days of returning from this assignment.

LOCATION: IRAQ

Michael C. Colt

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

MICHAEL C. COLT

LTC, AGC

ADJUTANT GENERAL

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 12-17

09 DEC 20**

**DAVIDSON, PAUL E. 000-33-7777, SGT, 23RD MED SPT BN
FORT STEWART, GA 31314**

You will perform or terminate hazardous duty as indicated.

ACTION: PERFORM

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: Flight Pay (Crewmember)

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE: 1 DEC 20**

Date additional pay terminate: NA

Format: 332

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

/S/

**CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 06-121

12 JUNE 20**

**DEREK, BO E. 999-33-8923, SPC, 23RD MED SPT BN
FORT STEWART, GA 31314**

You will perform or terminate hazardous duty as indicated.

ACTION: PERFORM

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: Flight Pay (Non-Crewmember)

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE: 1 JUNE 20**

Date additional pay terminate: NA

Format: 332

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

/S/

**CHARLES K. KING
MAJ, AG
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 08-121

09 AUGUST 20**

**DEREK, BO E. 999-33-8923, SPC, 23RD MED SPT BN
FORT STEWART, GA 31314**

You will perform or terminate hazardous duty as indicated.

ACTION: TERMINATE

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: Flight Pay (Non-Crewmember)

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE: 31 JULY 20**

Date additional pay terminate: NA

Format: 332

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

/S/

**CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

CERTIFICATE

All personnel in an authorized flying status have qualified for flying duty pay for the month of OCTOBER 20 except the following:**

DIAZ, CHRISTOPER E. 999-33-8923 (Non-Crewmember)

JONES, RANDY T. 999-87-9821 (Non-Crewmember)

**DISTRIBUTION:
(1)-COMMANDER
(5)-PSNCO
(10)-SOLDIER**

/S/

**THOMAS L. TURNER
CPT, INF
AVIATION OFFICER**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 10-12

02 OCTOBER 20**

**BOSTIC, PAUL D. 999-22-4423, PFC, 1/92ND MECH INF
FORT STEWART, GA 31314**

You will perform or terminate hazardous duty as indicated.

ACTION: PERFORM

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: PARACHUTE

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE: 2 October 20**

Date additional pay terminate: NA

Format: 332

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

/S/

**CHARLES K. KING
MAJ, AG
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 10-12

30 APR 20**

**BOSTIC, PAUL D. 999-22-4423, PFC, 1/92ND MECH INF
FORT STEWART, GA 31314**

You will perform or terminate hazardous duty as indicated.

ACTION: TERMINATE

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: PARACHUTE

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE 1 MAY 20**

Date additional pay terminate: NA

Format: 332

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

/S/

**CHARLES K. KING
MAJ, AG
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 03-141

21 MARCH 20**

**MAXWELL, JAMES P. 999-59-2124, SSG, 1/93rd MECH INF
FORT STEWART, GA 31314**

You will perform or terminate hazardous duty as indicated.

ACTION: PERFORM

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: DEMOLITION

Additional pay code: 0

Special qualification identifier awarded: NA

EFFECTIVE DATE: 19 MARCH 20**

Date additional pay terminate: NA

Format: 332

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

/S/

**CHARLES K. KING
MAJ, AG
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314**

ORDERS 03-141

30 SEPTEMBER 20**

**MAXWELL, JAMES P. 999-59-2124, SSG, 1/93rd MECH INF
FORT STEWART, GA 31314**

You will perform or terminate hazardous duty as indicated.

ACTION: TERMINATE

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: DEMOLITION

Additional pay code: 0

Special qualification identifier awarded: NA

EFFECTIVE DATE: 1 SEPTEMBER 20**

Date additional pay terminate: NA

Format: 332

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

/S/

**CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL**

***** FOR INSTRUCTIONAL PURPOSE ONLY *****

PERSONNEL ACTION <small>For use of this form, see AR600-8-6 and DAPAM600-8-21; the proponent agency is CDCSPER</small>			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY:		Title 5, Section 3012; Title 10, USC, EO 9397.	
PRINCIPAL PURPOSE:		Used by soldier in accordance with DAPAM600-8-21 when requesting a personnel action on his/her own behalf (Section III).	
ROUTINE USES:		To initiate the processing of a personnel action being requested by the soldier.	
DISCLOSURE:		Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.	
1. THRU (Include ZIP Code) PAC 1/22ND CAV SQN FT. STEWART, GA 31314	2. TO (Include ZIP Code) DAO FT. STEWART, GA 31314	3. FROM (Include ZIP Code) COMMANDER 212 SPR BN FT. STEWART, GA 31314	
SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI) PURDUE, CARLOS M.	5. GRADE OR RANK/RMOS/AOC E-6/SSG	6. SOCIAL SECURITY NUMBER 999-00-4135	
SECTION II - DUTY STATUS CHANGE (AR600-8-6)			
7. The above soldier's duty status is changed from _____ _____ to _____ _____ effective _____ hours, _____ 19 ____			
SECTION III - REQUEST FOR PERSONNEL ACTION			
8. I request the following action:			
TYPE OF ACTION	PROCEDURE	TYPE OF ACTION	PROCEDURE
Service School (EIT only)		Reassignment Married Army Couples	
ROTC or Reserve Component Duty		Redclassification	
Volunteering For Overseas Service		Officer Candidate School	
Paratrooper Training		Asgmt of Pers with Exceptional Family Members	
Reassignment Extreme Family Problems		Identification Card	
Exchange Reassignment (EIT only)		Identification Tags	
Airborne Training	X	Separate Rations	
Special Forces Training/Assignment		Leave - Excess/Advance/Outside CONUS	
On-the-Job Training (EIT only)		Change of Name/SSN/DOB	
Retesting in Army Personnel Tests		Other (Specify)	
9. SIGNATURE OF SOLDIER (When required)		10. DATE	
/s/		10 SEP **	
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
DUE TO MISSION REQUIREMENTS, COMMANDER HAS AUTHORIZED MESSING SEPERATELY. START SEPERATE RATION: 10 SEP **			
SECTION V - CERTIFICATION/ APPROVAL/ DISAPPROVAL			
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein- <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> IS APPROVED </div> <div> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> IS DISAPPROVED </div> <div> <input type="checkbox"/> RECOMMEND DISAPPROVAL </div> </div>			
12. COMMANDER AUTHORIZED REPRESENTATIVE STEVEN A. RHODES, CPT, IN, CDR	13. SIGNATURE	14. DATE	
	/s/	10 SEP **	

BASIC ALLOWANCE FOR SUBSISTENCE- CERTIFICATION

SUPPLEMENTAL

FOR MONTH

STATION SYMBOL

MPO NUMBER

ORGANIZATION AND STATION

23rd MP BN, FT STEWART, GA 31314

X

PRORATED

PRORATED

FEB 20**

6348

DATE

2 MAR 20**

NAME, SOCIAL SECURITY NUMBER, RANK

MEALS

DAYS

TOTAL

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BONE, SHARON E.

999-00-1212

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X

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I CERTIFY THAT PURSUANT TO CHAPTER 1, PART THREE, DEPARTMENT OF DEFENSE MILITARY PAY AND ALLOWANCES ENTITLEMENTS MANUAL, THE MEMBERS LISTED ABOVE ARE ENTITLED TO THE PAYMENT OF SUPPLEMENTAL AND OR PRORATED SUBSISTENCE ALLOWANCE FOR MEALS ON DATES INDICATED.

DATE

2 MAR 20**

TYPED NAME & RANK OF APPROVING AUTHORITY

MICHAEL D. FLANAGAN, CPT, MP

SIGNATURE OF APPROVING AUTHORITY

/S/

BASIC ALLOWANCE FOR SUBSISTENCE- CERTIFICATION**X****SUPPLEMENTAL****FOR MONTH****STATION SYMBOL****MPO NUMBER****ORGANIZATION AND STATION****23rd MP BN, FT STEWART, GA 31314****PRORATED****JAN
20******6348****DATE****2 FEB 20******NAME, SOCIAL SECURITY NUMBER, RANK****M E A L****DAYS****TOTAL**

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SHORTT, GLENN E.**999-00-0290****B****X****X****X****X****X****5****D****X****X****X****X****X****X****6****S****X****X****X****X****4****B****D****S****B****D****S****B****D****S****B****D****S**

I CERTIFY THAT PURSUANT TO CHAPTER 1, PART THREE, DEPARTMENT OF DEFENSE MILITARY PAY AND ALLOWANCES ENTITLEMENTS MANUAL, THE MEMBERS LISTED ABOVE ARE ENTITLED TO THE PAYMENT OF SUPPLEMENTAL AND OR PRORATED SUBSISTENCE ALLOWANCE FOR MEALS ON DATES INDICATED.

DATE**2 FEB 20******TYPED NAME & RANK OF APPROVING
AUTHORITY****MICHAEL D. FLANAGAN, CPT, MP****SIGNATURE OF APPROVING
AUTHORITY****/S/**

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see 37-1043; the proponent agency is ASA (FM)</small>				PRIVACY ACT STATEMENT									
1. NAME (Last, First, MI) ROSE, PETE				AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397. PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.									
2. SOCIAL SECURITY NUMBER 301-30-1301		3. GRADE SSG											
4. TYPE OF ACTION													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">START</td> <td style="width: 15%; text-align: center;">CANCEL</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> CHANGE</td> <td style="width: 15%; text-align: center;">REPORT</td> </tr> <tr> <td style="text-align: center;">CORRECT</td> <td style="text-align: center;">STOP</td> <td colspan="2" style="text-align: center;">RECERTIFICATION</td> </tr> </table>								START	CANCEL	<input checked="" type="checkbox"/> CHANGE	REPORT	CORRECT	STOP
START	CANCEL	<input checked="" type="checkbox"/> CHANGE	REPORT										
CORRECT	STOP	RECERTIFICATION											
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code) 1/16TH FA FT BRAGG NC 28307				6. DATE OF ACTION (MM/DD) **1215		7. BAQ TYPE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;"><input checked="" type="checkbox"/> WITH DEPENDENTS</td> <td style="width: 40%; text-align: center;">PARTIAL</td> </tr> <tr> <td style="text-align: center;">WITHOUT DEPENDENTS</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> WITH DEPENDENTS	PARTIAL	WITHOUT DEPENDENTS			
<input checked="" type="checkbox"/> WITH DEPENDENTS	PARTIAL												
WITHOUT DEPENDENTS													
8. MARITAL/DEPENDENCY STATUS				9. QUARTERS ASSIGNMENT/AVAILABILITY									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">a. SINGLE</td> <td style="width: 30%; text-align: center;"><input checked="" type="checkbox"/> b. MARRIED <small>(see blocks (1), (2) & (3))</small></td> <td style="width: 40%; text-align: center;">c. DIVORCED <small>(see blocks (1), (2) & (3))</small></td> </tr> <tr> <td style="text-align: center;">d. LEGALLY SEPARATED <small>(see blocks (1), (2) & (3))</small></td> <td colspan="2" style="text-align: center;">e. DEPENDENT CHILD <small>(see blocks (4), (5) & (6))</small></td> </tr> </table>		a. SINGLE	<input checked="" type="checkbox"/> b. MARRIED <small>(see blocks (1), (2) & (3))</small>	c. DIVORCED <small>(see blocks (1), (2) & (3))</small>	d. LEGALLY SEPARATED <small>(see blocks (1), (2) & (3))</small>	e. DEPENDENT CHILD <small>(see blocks (4), (5) & (6))</small>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">a. ADEQUATE <small>(see block (1))</small></td> <td style="width: 50%; text-align: center;">b. INADEQUATE <small>(see blocks (1), (2) & (4))</small></td> </tr> <tr> <td style="text-align: center;">c. TRANSIENT <small>(see block (3))</small></td> <td style="text-align: center;"><input checked="" type="checkbox"/> d. NOT AVAILABLE</td> </tr> </table>		a. ADEQUATE <small>(see block (1))</small>	b. INADEQUATE <small>(see blocks (1), (2) & (4))</small>	c. TRANSIENT <small>(see block (3))</small>	<input checked="" type="checkbox"/> d. NOT AVAILABLE
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d. LEGALLY SEPARATED <small>(see blocks (1), (2) & (3))</small>	e. DEPENDENT CHILD <small>(see blocks (4), (5) & (6))</small>												
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">(1) Spouse/Former Spouse SSN</td> <td style="width: 30%;">(2) Spouse/Former Spouse Duty Station</td> <td style="width: 40%;">(3) Date of Marriage, Divorce/Separation</td> </tr> </table>		(1) Spouse/Former Spouse SSN	(2) Spouse/Former Spouse Duty Station	(3) Date of Marriage, Divorce/Separation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">(1) QUARTERS NO. _____</td> <td style="width: 50%;">(2) FAIR RENTAL VALUE \$</td> </tr> </table>		(1) QUARTERS NO. _____	(2) FAIR RENTAL VALUE \$					
(1) Spouse/Former Spouse SSN	(2) Spouse/Former Spouse Duty Station	(3) Date of Marriage, Divorce/Separation											
(1) QUARTERS NO. _____	(2) FAIR RENTAL VALUE \$												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">(4) Child in Custody of:</td> <td style="width: 20%;">Member</td> <td style="width: 20%;">Spouse</td> <td style="width: 20%;">Former Spouse</td> <td style="width: 20%;">Other</td> </tr> </table>		(4) Child in Custody of:	Member	Spouse	Former Spouse	Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">(3) FROM _____</td> <td style="width: 50%;">TO _____</td> </tr> </table>		(3) FROM _____	TO _____			
(4) Child in Custody of:	Member	Spouse	Former Spouse	Other									
(3) FROM _____	TO _____												
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.				(4) <input type="checkbox"/> MEMBER ELECTION <input type="checkbox"/> COMMANDER DETERMINATION <small>(Member in grade E7 and)</small>									
(6) If child support received from and her military member, complete (1), (2) & (3).													
10. DEPENDENT'S SHARE (Continue on back if required)													
NAME OF DEPENDENT/SHARER		COMPLETE CURRENT ADDRESS (Include ZIP Code)		RELATIONSHIP		DOB OF CHILDREN							
ALICIA ROSE		4040 SQUARE DR		SPOUSE									
		FAYETTEVILLE, NC 28314											
11. CERTIFICATION OF DEPENDENT SUPPORT													
<input checked="" type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods of non-support.													
<input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ has not changed so as to affect my entitlement thereof for the period													
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON													
<input checked="" type="checkbox"/> My permanent duty station:		My dependent's location:		Both my permanent duty station and dependent's location.									
a. Monthly Expenses:		Member		Dependent		b. Share/Lease Information							
(1) Mortgage (PITI) or Rent		\$500.00				c. Address Information							
(2) Insurance						(1) Landlord's Name and Address:							
(3) Other						PO BOX 1010 FAYETTEVILLE NC 28314							
TOTALS		\$500.00				(2) Landlord's Phone No.							
						910-425-2500							
				(4) Number of Share/Leases (show name(s) and address in block 10)									
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HFO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.													
13. MEMBER'S SIGNATURE PETE ROSE				14. DATE 17DEC**		15. CERTIFYING OFFICER'S SIGNATURE / S /							
				16. DATE DEC**									

MARRIAGE CERTIFICATE
STATE OF GEORGIA
COUNTY OF COBB

GROOM: PETE ROSE

BRIDE: ALICIA H. MONTAGO

THE ABOVE NAMED INDIVIDUALS WERE MARRIED BY ME IN HOLY
MATRIMONY ON THE 15TH DAY OF DECEMBER 20**

Gerald L. Pittman

GERALD PITTMAN

JUSTICE OF THE PEACE

FOR INSTRUCTIONAL PURPOSES ONLY

OFFICE SYMBOL

ATSG-TD-EFS

**ASSIGNMENT/TERMINATION TO
FAMILY HOUSING**

ASSIGNMENT TO FAMILY HOUSING

TO: SEE DISTRIBUTION

**FROM: HOUSING OFFICE
FT STEWART GA**

DATE: 2 OCT 20**

**1. THE FOLLOWING INDIVIDUAL IS ASSIGNED/TERMINATED GOVERNMENT FAMILY
QUARTERS:**

**NAME: PAUL, RAYMOND J.
RANK: SSG
SSAN: 999-78-2453
UNIT: 23RD MI BN
ASSIGNED: ADEQUATE FAMILY HOUSING
ADDRESS: 1099 DRUM DR.
FT STEWART, GA 31314**

2. EFFECTIVE DATE: 8 OCTOBER 20**

3. AUTHORITY: AR 210-50

4. THIS MOVE IS FOR THE CONVENIENCE OF: GOVERNMENT/ INDIVIDUAL/ COMMAND

5. THIS ACTION IS/ IS NOT TAKEN AS PART OF INTRAPOST MOVE.

**FOR THE
COMMANDER:**

/S/

**FLORENCE E LEGGETT
C: FAM HSG MGT BR**

DISTRIBUTION:

INDIVIDUAL 05

TRANSPORTATION 05

FINANCE OFFICE 02

UNIT 01

FILE COPY 01

**** FOR INSTRUCTIONAL PURPOSE ONLY ****

OFFICE SYMBOL

ATSG-TD-EFS

ASSIGNMENT/TERMINATION TO
FAMILY HOUSING

TERMINATION OF FAMILY HOUSING

TO: SEE DISTRIBUTION

FROM: HOUSING OFFICE
FT STEWART GA

DATE: 22 OCT 20**

**1. THE FOLLOWING INDIVIDUAL IS ASSIGNED/TERMINATED GOVERNMENT FAMILY
QUARTERS:**

NAME: DOUGLAS, JAMES P.
RANK: SFC
SSAN: 999-72-3188
UNIT: 23RD DIV BAND
TERMINATION: ADEQUATE FAMILY HOUSING
ADDRESS: 1097 DRUM DR.
FT STEWART, GA 31314

2. EFFECTIVE DATE: 29 OCTOBER 20**

3. AUTHORITY: AR 210-50

4. THIS MOVE IS FOR THE CONVENIENCE OF: GOVERNMENT/ INDIVIDUAL/ COMMAND

5. THIS ACTION IS/ IS NOT TAKEN AS PART OF INTRAPOST MOVE.

**FOR THE
COMMANDER:**

/S/

**FLORENCE E LEGGETT
C: FAM HSG MGT BR**

**DISTRIBUTION:
INDIVIDUAL 05
TRANSPORTATION 05
FINANCE OFFICE 02
UNIT 01
FILE COPY 01**

**** FOR INSTRUCTIONAL PURPOSE ONLY ****

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES:	Title 37, U.S. Code, Section 427. To evaluate member's application for Family Separation Allowances. a. Serves as substantiating document for FSA payments. b. Provides an audit trail for validating propriety of payments and to assist in collection erroneous payments. c. Provides a record in service member's personal financial record. d. Provides information for preparation of required input to the automated pay system which maintains pay accounts for Army members.	
DISCLOSURE:	Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, member may not be considered for FSA.	
NAME OF MEMBER WILLIAMS, RONNIE	SOCIAL SECURITY NUMBER 666-55-4433	GRADE SGT
ORGANIZATION/ACTIVITY HHC TSB	PERMANENT DUTY STATION OF MEMBER 10TH SFG MT Pag, ITALY	
PART I - TO BE COMPLETED BY THE MEMBER (Check applicable block(s))		
TYPE I <input checked="" type="checkbox"/> FSA-1	TYPE II <input checked="" type="checkbox"/> FSA-R <input type="checkbox"/> FSA-T <input type="checkbox"/> FSA-S	
The following information is furnished to substantiate my entitlement to family separation allowance as indicated above.		
ADDRESS(ES) OF DEPENDENT(S) (Applicable to all types of Allowances) (Continue on reverse if necessary) 623 OAK ST. HINESVILLE, GA 31315		
IF CLAIMING FSA TYPE II FOR PARENT(S), I CERTIFY THAT: I maintain a residence(s) for my dependent(s) and have assumed the liability and responsibilities thereof, at the address(es) shown above, where I will likely reside during period of leave or such other times as my duty assignment might permit.		
I CERTIFY TO THE FOLLOWING FACTS (As applicable) <input checked="" type="checkbox"/> I am not divorced or legally separated from my spouse. <input checked="" type="checkbox"/> My dependent child (children) are not in the legal custody of another person. <input checked="" type="checkbox"/> My dependent is not a member of the military service on active duty. <input checked="" type="checkbox"/> My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.		
I agree to notify my commanding officer promptly of any change in dependency status if my sole dependent or all of my dependents move to the area of this station or if my dependent(s) visit at this station for more than three months (30 days in the case of (FAS-S) (FAS-T) while I am in receipt of family separation allowance.		
FURNISH TEMPORARY DUTY INFORMATION BELOW FOR FSA-R AND FSA-T		
TEMPORARY DUTY STATION(S) NA		INCLUSIVE DATES (From/To) NA
DATE 10 SEP **	SIGNATURE OF MEMBER <i>Ronnie Williams</i>	
PART II - TO BE COMPLETED BY CERTIFYING OFFICER (Check applicable block(s))		
<input checked="" type="checkbox"/> TYPE I - FSA-1 The above member reported to <u>10 SFG MT Pag, ITALY</u> on <u>31 AUG **</u> (Date), and transportation of his dependents is not authorized at government expense to this station or to a place near this station. No government quarters are available for assignment to the member.		
<input checked="" type="checkbox"/> TYPE II - FSA-R <input type="checkbox"/> TYPE II - FSA-T The above member departed (was detached) from <u>FT STEWART, GA</u> on <u>10 AUG **</u> (Date) was on leave en route <u>10-28 AUG **</u> (Last permanent duty station) proceed time <u>29-30 AUG **</u> (Date) and he reported to <u>10TH SFG MT Pag, ITALY</u> on <u>31 AUG **</u> (Inclusive dates) (Permanent duty station). Transportation of his dependents is not authorized at government expense to this station or to a place near this station.		
<input type="checkbox"/> TYPE II - FSA-T The above member has been ordered to and has performed temporary duty at the location(s) shown below for a continuous period of more than 30 days.		
LOCATION	INCLUSIVE DATES OF TDY/T (From/To)	NO. DAYS
NOTE: Continue on reverse if necessary.		
<input type="checkbox"/> TYPE II - FSA-S <input type="checkbox"/> Member was on duty on board ship upon departure from home port on _____ (Date). <input type="checkbox"/> Member did not depart with ship but reported on board (or rejoined) the ship at _____ (Location) on _____.		
NAME OF SHIP		LOCATION OF HOME PORT
<input checked="" type="checkbox"/> Travel performed under authority of <u>Order #122-34 23D INF DIV FSGA</u> Dated <u>29 MAY **</u>		
<input checked="" type="checkbox"/> Member claiming Type II FSA, is receiving basic allowance for quarters as a member with dependents.		
DATE 10 SEP **	SIGNATURE OF CERTIFYING OFFICER <i>/s/</i>	



DEPARTMENT OF THE ARMY
ASSISTANT CHIEF OF STAFF FOR INSTALLATION MANAGEMENT
600 ARMY PENTAGON
WASHINGTON DC 20310-0600

DAIM-ZA

09 MAR 2005

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Authorization for Staff Sergeants (SSG) to Receive Basic Allowance for Housing (BAH) and Reside Off Post in the 50 United States

1. Effective immediately, the Secretary of the Army has approved a change to the Army's mandatory assignment policy in the United States for single Soldiers in the grade of Staff Sergeant (E6):

a. Single Soldier's at the rank of SSG and above stationed in the United States are authorized to move off post and receive BAH at the without dependent rate.

b. Single SSGs may compete for installation Senior Enlisted Bachelor Quarters previously identified for single Sergeant First Class (SFC) and above where assets exist on the installation.

c. Applicable personnel, housing, finance and installation regulations will be revised accordingly.

d. Adequate BAH, Basic Allowance for Subsistence (BAS), household goods movements, and dislocation allowances will be programmed in the Program Objective Memorandum for Single Staff Sergeant troop strength.

2. Exceptions to this policy are stated below:

a. Staff Sergeants may elect to remain in enlisted barracks for the duration of their current tour. Upon reassignment to a new duty station in the United States, SSG's will receive BAH at the without dependent rate and be required to reside off post at the new duty station.

b. Key and Essential personnel required to live on post will be determined by the local command.

3. Setting up household costs and household goods movement reimbursements:

a. Soldiers who currently reside in government quarters and elect to move off post at the current duty station will incur household goods movement at their own expense. A government paid move or reimbursement is not authorized.

b. If required to vacate government quarters at the directive of the Government (e.g., because of repairs or renovations of enlisted barracks, troop surges, etc.), Soldiers in the rank of SSG will remain off post for the duration of their tour and costs for moves directed at the convenience of the Government will be borne by the Government.

4. All affected Soldiers will plan accordingly and unit counseling should occur prior to moving off post or permanent change of station. Soldiers will process through their local Community Housing Relocation and Referral Services (CHRRS) office to locate suitable off post rentals or for home purchases, and the local finance and accounting support office for assistance.

5. The point of contact for this action is Mr. George Lloyd at (703) 601-2511 or email george.lloyd@hqda.army.mil.

GEOFFREY D. MILLER
Major General, GS
Assistant Chief of Staff
for Installation Management

